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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/899,955			ing Date 06/2001	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR NUMBER FIL			.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x \$ =	
	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 = *			1	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50	igs exceed 100 on size fee due for each in thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	06/01/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 32	Minus	32	= 0]	x s =		OR	X \$50=	0
	Independent (37 CFR 1,16(h))	· 4	Minus	4	= 0]	x \$ =		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus	**	=]	x \$ =		OR	x \$ =	
Σ	Independent (37 CFR 1.16(h))	*	Minus	*	=]	x \$ =		OR	x \$ =	
Ш	Application Size Fee (37 CFR 1.16(s))]			1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write 0° in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The Space of the Previously Paid For" IN THIS SPACE is less than 4, enter "3". The Space of the Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

Instruction of minimization is required by 37 or 141. In: In minimization is required to obtain or retain a benefit by the public winds to the gird by the OSH O to open closes) an application. Confidentially, is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including agathering, preparing, and submitting the completed application form to the USPIO. Time will vary depending upon the individual case. Any Parameter of the Complete Complete Complete Complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.